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ا ب د و ت	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1763
state UPA.	1. PLACE OF DEATH	The state of the s
of i	County Yarrett.	Registration Dist. No. 169
8 6 1 1	Village or City Veer Park	No. St., Ward
= 0	(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
AN		
YSICIANS statement	2. FULL NAME JAMESHIKINSON ANNAN	*
YSI	(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
COMD. Ever. PHYSICIAN	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO 7. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
H.	rule. white. OR DIVORCED (write the word)	(Month) (Day) (Year)
T L ied.	5a, If married, widowed, or divorced	
MANEN A C T I assified.	HUSBAND of EVA A. Folker	22. I HEREBY CERTIFY, That I ettended deceased from
SX2	6. DATE OF BIRTH (month, dev. and year) Quesust 1, 1851	I last saw h 198 elive on 1 - 1 6 198 e; death is said
A	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7-70 P.m.
IS A I stated properl	84 6 920 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Frade protession or particular	Carlanda Setuposas Date of onset
H P P	kind of work done, es SPINNER, BYO B. K. SAWYER, BOOKKEEPER, etc	Siente Bronelita 4 da
KK—T should it may n back	SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	and benefity
INK.	10. Date deceased lest worked et 11. Total time (years)	
	this occupation (month end year) spent in this occupation	
A A So tl	12. BIRTHPLACE (city or town) Surmer Littlement (AMONA.)	Other Contributory Causes of importence:
H . H	(State or country) LV. Da. Prestou Co.	
UNFA supplied n terms, ee instru	13. NAME Joseph a annaer	
	14. BIR HPLACE (city or town) Windhester Va.	Name of operation Date of
	(State of Country) Greatette Co. Va.	What test confirmed diegnosis? Was there an autopsy?
WITE efully in plai	15. MAIDEN NAME Soplia S. Hauser	23. If death was due to external causes (VIOLENCE) fill in elso the following:
Y, car H i	o 16. BIRTHPLACE (city or town) Derman Vettlement	Accident, suicide, or homicide? Date of injury, 19
Allery, ld be car DEATH y import	(State or country) 70. Va Prestock	Where did injury occur?(Specify city of town county and State)
	17. INFORMANT M. N. R. Cherran (Address) New Park and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Vell Park rued Date Jeb 24 , 1936	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Golden Undertakening Co.	24. Was disease or injury in any way related to occupation of deceased?
FOH	(Address) Oakland, reed	If so, specify
- A	20. FILED Jel- 20 1936 Mrs C. Q arhly	(Signed) Calland M.D.
Z	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND— 1. PLACE OF DEATH County Lament	CERTIFICATE OF DEATH A 1764 Registration Dist. No. 161
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fully 9th 1936 7. AGE , Years Months Days If LESS than	I last saw h
Still Born I day,hrs. I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
9. Industry or business in which work was done, as SILK MILL,	
10. Dato deceased lest worked at this occupation (month and spear) 12. BIRTHPLACE (city or town)	Dther Coutributory Causes of importance:
(State or country) forth Co	
13. NAME Event Coldington 14. BIRTHPLACE (city or town) French School (State or country) Lamptile Land	Name of operation
15. MAIDEN NAME Blanch Carlice 16. BIRTHPLACE (city or town) Freederche Jud (State or country) 17. INFORMANT Special Coddington	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR REMOVAL Place / Nienglospilly, Mod Date 14-10, 1936	Manner of injury
19. UNDERTAKER JULIAN JULIAN STATE S	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address)
Registrat. If more blanks are needed, address State Registrat,	(Address) (7 Personner Programme 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	- 11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car Job. To GAN	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		G3AL-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Garrett	Position Dist M
	Registration Dist. No.
Village or City OakCana	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Marshal Morgan as	hely If U. S. Veteran, specify WAR
(a) Residence: No. 12371.3454.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Teh H 193/2
5a. If marriad, widowed, or divorged	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
Daran uswy	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Jan. 25. 1847	I last saw h elive on death is s
7. AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
87 0 1 % or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	Alle
SAWIER, BUDKKEEPER, etc	New Jerson,
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Japen Danden
D ID. Data decaasad last worked at 11. Total time (yaars)	De De Alera alland
this occupation (month end spant in this occupation	in my opinion
12. BIRTHPLACE (city or town) kear Datland	Other Contributory Causes of importance:
(State or country) Maryland	(Irlenseleniaes
13. NAME Jesse ashby	
14. BIRTHPLACE (city or town) Rear Oakland	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hannah Morgain	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) hear morgaltown,	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IMA. A. G. Wicker	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	4
Place Cakland. WD Date Feb. 27, 1936	Mannar of injury
h () ()	Natura of injury
19. UNDERTAKER Zunger D. Bolden.	24. Was disaase or injury In any wey related to occupation of decaasad?
(Addrass) Kathland 1111	If so, spacify - 12-11-12
11 11 2 2 1 1	
20. FILED Leb. 22, 1936 Julia Rowan Registrar.	(Signed) // feeebaeegh M.

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ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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V. S. No. 1

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	mation shor	uld be carefully si	upplied.	AGE	plnods	pe	stated	E	A
	CAUSE OF	CAUSE OF DEATH in main terms, so that it may be properly class	terms, so	that	it may	be	proper	ly c	las

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and num Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
Village or City Rakland, Mo. St., (If death occurred in a hospital or institution, give its NAME instead of street and num	mber) ds
(If death occurred in a hospital or institution, give its NAME instead of street and nun	mber) ds
	ds
Length of testdence in city of town where death occurred	
	ale
2. FULL NAME # U.S. Veteran, specify WAR.	ate
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and Ste	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
	193 6
5a. If married, widowed, or divorced (Month)	(Year)
HUSBAND of (or) WIFE of	ceased from
molle agers, 1936, to the	., 19.8 6
o. Data of Bikin (month, ou), the jear)	death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
or min. were as follows:	Date of onset
I Trade, profession, or particular kind of work done, as SPINNER, Farmer Co. SAWYER, BOOKKEEPER, etc. Farmer Co.	
S Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end spent in this	
year) Occupation Other Coutributory Causes of Importance:	
12. BIRTIIPLACE (city or town)	
(State or country) Refer to the state of the	
13. NAME CLO a CLOCK 14. BIRTHPLACE (city or town) Variance Neme of operation Date of Control of the Control o	
14. BIRTHPLACE (city or town) Date of Neme of operation Date of	
What test confirmed diagnosis? Was there an euto	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury Control or country	
O 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? O State or country) Where did injury occur?	, 19
(Specify city or town, county and State)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Late Late Parks	E.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Clark Date Ro	
19. UNDERTAKER CHILDREN BALLET 24. Was disease or injury in any way related to occupetion of deceased?	
(Address) Oaklan de Misself If so, specify	-
20. FILED LA 8, 1936 Julia Rowan (Signed)	QM. [
Registrar. (Address)	<u> </u>

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ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	efully supplied. AGE should be stated EXACTLY. PHYSICIANS should	in plain terms, so that it may be properly classified. Exact statement of OC	int. See instructions on back of certificate.
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/IT	ul J	ple	+
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1. PLACE (OF MARYLAND-	CERTIFICATE OF DEATH) 4
	70.	1	(82:0)	71
County Village or	(000	up mel Ph	Registration Dist. No.	<i>1</i> (
		(1	NOSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	
	sidence in city or town whara	death occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrs	_mos
2. FULL NA		G, Macky	If U. S. Veteran, specify WAR	
(a) Reside	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSO	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH & 19	, 193 6
5a. If marriad, wido HUSBANO of (or) WIFE of	wed, or divorced Ba	ween Beacher	22. i HEREBY CERTIFY, Thet I attend	(Year) ed deceased fro
C DATE OF DIRTH		Den 21 1654	, 19, to	
	(month, day, and yaar) A	Oays If LESS than	I last saw h, 19 to have occurred on the data stated above, atm.	; daath is s
7	7 /	17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Treda, prof	assion, or particular work dona, as SPINNER, R, BOOKKEEPER, atc	2		Oate of one
	R, BOOKKEEPER, atc business In which	Jarmer	Comment	
work w	as done, as SILK MILL, ILL, BANK, atc	******	- Marie Million No7.	レマル
this occ	sad last worked at upation (month end	11. Total tima (yaars) spant in this		
year) _	0:	occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (d		County margles	Celus A ce	
₩ 13. NAME	bristen !	Bea has	The state of the s	
Ξ	E (city or town) Bis	timen med	Nama of operationOete of	
(State of		ret County.	What test confirmed diagnosis? Was there a	Y
15. MAIDEN N.	AME Mary 6	Beeghley	23. If daath was due to externel causes (VIOLENCE) fill In also the follow	
	E (city or town) ac	cident med	Accident, suicida, or homicide? Dete of injury	, 19
≥ (Stata o	or country)	`	Where did injury occur? (Specify city or town, county and S	data)
17. INFORMANT (Address)	Oaklan	& md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	1 . Feb 16 31	Menner of injury	
Piece.		19-16	Nature of injury	
19. UNDERTAKER	We Menler	berger	24. Was disaase or Injury in eny way releted to occupation of decaasad?_	
(Addrass)	Dianter	In s	If so, specify . A Branchuser	
20. FILEO July	13,19.36	Jas. Gungry, Registrar.	(Signad) Our Carel, The	Q M
	If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—C	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820/ × //6/6
County Garrett	Registration Dist. No.
Million or Oliv Print n Clarken //h	No. St., Ward
(If c	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calkenne Bayers	*
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWSD, OR D. VORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a, If married, widowed, or tiporced	
(or) WIFE of Faces Bocomore	22. I HEREBY CERTIFY That I attended repeased from
6. DATE OF BIRTH (month, day, and year) 1859, See 14	I last saw her aliva on for 1916; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, atm.
76 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Cara Graf Hawenhaye 17
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
(Production)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arteris-Halomais
13. NAME Les Club	
13. NAME To Club 14. BIRTHPLACE (city or town) Lemmany	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME / Allanus Fehrusah	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Mrs Edith Achlusus gle	Whera did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Carrey My	
18. BURIAL, CREMATION, OR REMOVAL Materials 22, 136	Manner of injury
19. UNDERTAKER La Fressley	24. Was disease or injury in any way related to occupation of deceased?
(Address My by bordel va.	(Signer) / Charles and M. D.
20(FILED J. 1916. Julis Rowan) Registrar.	(Address) Oaklow Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 9 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACTO DOD DUDTHED CTATEMENTS DV DUVSICIAN

	DDITIONAL STACE FOR FORTILLE STATEMENTS DI TATSIONAL	
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PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be

SE OF DEATH in plain terms, so that it may

certificate.

See instructions on back of

N is very important.

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N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1769

1. PLACE OF DEATH	Tob X
County yartl	Registration Dist. No. / 62
Village or City Jenninga	NoSt.,Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME GAG Nalentine Builes	If U.S. Veteran specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married (write the word)	Mer // 1936
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Con HISE STARL B. III.	22. HEREBY CERTIFY That I attanded deceased from
and Bull	Olen 2, 190 (, to Tel 1), 1956
6. DATE OF BIRTH (month, day, end yaar) Helway 14-1899	i lest saw h death is sald
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the data stated abova, at
36 // 24 ormin.	The PRINCIPAL CAUSE OF DEATH end raletad causes of importence were as follows:
o. Frede, profession, or perticular kind of work done, as SPINNER,	Kora Juliumana Fit
9. Industry or business in which	Might aim 1936
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data decaased last worked et 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importence:
(State or country) M d	
13. NAME Jeasil Rutles	
13. NAME Jessil Butley 14. BIRTHPLACE (city or town)	Nama of operetion Date of
(State of Country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Rebecca youtfelly 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dete of Injury19
State or country)	Whara did Injury occur?
17. INFORMANT Rebecca Autler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) yearswille Md RD	
18. BURIAL, CREMATION, OR REMOVAL Cernetary	Menner of Injury
Place Mount grow Date & Laury 14, 1936	Natura of injury
19. UNDERTAKER ON allintulus	24. Was disaase or injury in eny way related to occupation of daceased?
(Addrass) yumtasille ded	If so, spacify
120, FILED 726-13 1936 67419ill	(Signed) M. D.
Registrar,	(Addrass) Alander Co

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: MAR 5	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis 3 days			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-WRITE PLAIN

V. S. No. 1 m. ż TION is very important. See instructions on back of certificate.

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Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	CERTI	FICA	TE	OF	DEA.	r
STATE	OF	MARYL	-UNIA	CERII	FICE	AIE.	OF	DEP	1

1. PLACE OF DEATH	(B) × 171
County . Sacrette Co.	Registration Dist. No.
Village or City Shallmar	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Emma Ruth Coulcy	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (193 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Shun Puffeunbarger	22. I HEREBY CERTIFY, That I attended deceased from 196, to 196, 196, 196, 198, 198, 198, 198, 198, 198, 198, 198
6. DATE OF BIRTH (month, day, end year) 4aw 10 1964 7. AGE Years Months Days 1 LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 2.2.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. SAWYER, BODKKEEPER, etc. Solution or business In which	Chronis Myreardiles to you
work was done, as SILK MILL.	Chronic Nephrolis: 2 ym
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town). Blisingungtane (State or country)	Dither Contributory Causes of importance:
13. NAME Soleph Eliot	
13. NAME Select Color town) 14. BIRTHPLACE (city or town) (State or country) England	Name of operation Date of What test confirmed diagnosis? Opposite Grown Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Pate Carrley	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place futakin Hill Come, Date Feb 11, 1936	Manner of injury
19. UNDERTAKER of the 4 Sharfolisa (Address) Blance was	24. Was disease or injury in any way related to occupetion of deceased?
20, FILED 4/0, 1936 a & Barrelo Registrar.	(Signed) M. D. (Address) Black W. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			247

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	100	1	1
I.	- 6	100	A

1. PLACE OF DEATH	82:0)
County of auch	Registration Dist. No. 17
Village or City Settinger	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
0.100 11)	/
2. FULL NAME	* *** *** *** *** *** *** *** *** ***
(a) Residence: No. (Usual place of abody)	USte, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
had white married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY. That I attended deceased from
(OT) WIFE OF Sarah Durst	Jan 30 ,1936, to orely 1936
6. DATE OF BIRTH (month, day, and year) May 26 1860	I wist saw h. LM. elive on Jan 30 , 1936, death is seld
7. AGE Years Months Days If LESS then 1 day,	to have occurred on the date stated above, at 3:1004 m.
73 8 3 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	recreat hemorrhage four?
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
Date deceased lest worked at this occupation (month and 193 11. Total time (years) this occupation (month and 193 5 spentin this	
year) occupation occupation	Other Contributors Causes of Importance:
12. BIRTHPLACE (city or town) — Maryland)	Certinoselliasis
E 13. NAME Granish Dursh	
= //	Name of a saline
14. BIRTHPLACE (city or town) Maryland	Neme of operation
15. MAIDEN NAME Elizabeth Beaching	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Elizabeth Beachy 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
- I stelle of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Sarah affurst	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Accident The Tt.	
Place Dettinger Majore Feb 4 1936	Menner of injury
Mot M. Harles	Neture of injury
19. UNDERTAKER A MAGELLAND While Lety (Address) It and to the	24. Wes disease or injury in any wey related to occupation of deceased?
121.1/2 3/ ORE	(Signed) M. D.
20, FILED P. 19 20 P. Registrar.	(Ardress) - Plantsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week again
Run over by street car 1 week ago
7 Peritonitis 3 days ago
Other contributory causes of importance: Gastroenteritis 1 year
92

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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Exact statement of OCCUPA.

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4	tem of	plnous
	5. Every i	SICIANS
1	SPECO.	PHY
BINDING	PERMANENT B	EXACTLY.
FOR	IS A I	stated
ARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be
V. 3. No. 1	N. BWRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
>	Z	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1772
1. PLACE OF DEATH	92.0
County Larrett	Registration Dist. No. 16/
Village or City Mill Run Settlement	No. St., Ward
422	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/LANCY Jane Duard	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fenale 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilderen 6. Married to the word)	21. DATE OF DEATH Hebriay 7, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of fames Luaref	22. I HEREBY CERTIFY. That I attended deceased from Tetrany 1, 1936, to February 7, 1936.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey,hrs	to have occurred on the date stated above, at 3:55 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER TO USE WIDE SAWYER, BOOKKEEPER, etc.	vere as follows: Organic Discore of the Heart Bothers Partical Value stemming and
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) occupation	almingle Fibillation
12. BIRTHPLACE (city or town) ///aryland (State or country)	Other Coatributory Causes of importance: Preumonia Hyportotic 3/3/26
13. NAME (Oh y 7 S/101) 4 1/K E 14. BIRTHPLACE (city or town) 7/1/d (State or country)	Name of operation Date of
15. MAIDEN NAME BETSEV Thomas	What test confirmed diagnosis? I would be there an au'opsy? 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ja (State or country)	Accident, suicide, or homicide?
17. INFORMANT DOYSEY JURYS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 7111/6 11471 Janutogate 749, 1936	Manner of Injury
19. UNDERTAKER M. W. Surger (Address) French rike. My	24. Was disease or Injury In any way related to occupation of deceesed?
20. FILED 14, 5, 1936 Resirvelle Stall	(Signed) Albert J. Laham M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	1	Example II	
The principal cause of dea of importance were as followed	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 4 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Act Constitution	July 5, 1927	Peritonitis	3 days ago
	BUNEAU V.			X_ 14
Other contributory causes	of importance:	14 4000	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.—WRITE PLA

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1773	
1. PLACE OF DEATH	872)	2
County Janeel -	Registration Dist. No	
Village or City to mi W. Levacelde		Ward
(If Length of rasidence in city or town whare death occurradyrsmps.	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FILL NAME Logich Care Ha	nier	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIEY That I attanded de	eceased from
6. DATE OF BIRTH (month, day, end year) Leb 1, 1921	1 last saw hereslive on Feb 7th, 1986;	daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha dete stated abova, at	
1 dey,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	Offin of opent
8. Trade, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.	Deepuls, du	Let.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daeaased last worked at this occupation (month and	0 8000	
10. Date dacasad last worked at this occupation (month and year)	Sui Viere	
12. BIRTHPLACE (city or town).	Other Contributory Causes of importance:	
(State or country)	Down a dixieuen	
13. NAME Tout of Horgany		
13. NAME COLL & Hongary 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
(State of Country)	Whet test confirmed diagnosis? Was there en aul	opsy?
15. MAIDEN NAME LOUD L, JOHNSON	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Law 2, Bakerer 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Deta of injury	, 19
17. INFORMANT Tang & Hower	Where did Injury occur?(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL; CREMATION, OR REMOVAL		
Place of the State Date of 15, 1976	Mannar of injury	
19. UNDERTAKER CMOUP Holding (Addrass) Oakland M	24. Was disaase or Injury In any way related to occupation of dacaased?	
20. Fried - 13, 1936 Mrs & Allshy	(Signad) // Steel are	10.
Registrat.	(Addrass Os Color)!	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car 'S 'A I I I	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		1 9881 0 87.1		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(K)-d)
County Garrett	Registration Dist. No.
Village or City Gnegy Church	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Hauser	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH //ebruary 9 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased (Control of the Control
6. DATE OF BIRTH (month, day, and year) Feb. 9, 1936	I last saw him aliva on / ebrang 7 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day. 12 hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	asphyxin neonator um from pich
9. Industry or business in which work was dona, as SILK MILL.	Maternal Polyhydraminion 4 months
SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Gregy Church, M.	Other Cauterbutary Causes of importance: Polydactylism - epispadias - Lytalong (o bes of ear-
13. NAME Voha David Hunser	
13. NAME Vohn David Hunser 14. BIRTHPLACE (city or town) Gargy Church. (State or country) Ma	Name of operation Mane Date of Date of What test confirmed diagnosis? Olivieral only Was there an autopsy? He
15. MAIOEN NAME Verna Priscilla Gnegy	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Gregy Church	Accident, suicide, or homicide?
17. INFORMANT John Dayid Hause (Address) Dakland Full 2 + 2	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gulgy Church Oats 7 - 10, 1936	Nature of injury
19. UNDERTAKER Galiland House acting (Address) Galiland mot 12 & 20	24. Was disease or injury In any way related to occupation of decaasad? 72.0
20. FILEO 2 - 10, 1936 Elmer C. Shaffe	(Signed) Javeld (Miller M. D. (Address) Calan W.Va.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
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Arteriosclerosis MAD 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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10	TOTAL

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Registration Dist. No. Village or City Mt. Lake Park. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred___ vrs.____mos.____ds. How long in U. S. if of foreign birth?____vrs.____mos. 2. FULL NAME Zettie May Hersman

(a) Residence: No. 1 Mile East, Mt. Lake Parks

If U. S. Veteran, specify WAR

21. DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

ebruary

The PRINCIPAL CAUSE OF DEATH and related causes of importance

(Day)

ERTIFY, That I attended daceased from

(Year)

Date of onset

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE Female White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. if married, widowad, or divorced (or) WIFE of Harrison C. Hersman

6. DATE OF BIRTH (month, day, and year) Aug. 6. 1879

7. AGE Months Days if LESS than 56 12 1 day, ____hrs. or____min.

8. Trada, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDOKKEEPER, etc. CUPATION

Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc....

10. Data deceased last worked at this occupation (month and, / yaar) 11. Total tima (years)
spant in this 33 occupation ___

Friendsville. Md. 12. BIRTHPLACE (city or town) Garrett Co. (Stata or country)

13. NAME Joseph Jenkins

Friendsville 14. BIRTHPLACE (city or town). Garrett Co. (State or country)

15. MAIDEN NAMEANNA Wayble

16. BIRTHPLACE (city or town) Friendsville (State or country) Garrett Co..

Lawrence Hersman (Address) Mt. Lake Park. Md.

18. BURIAL, CREMATION, OR REMOVAL

Oakland Cemetery Feb. 20,1936

Her ber t C. Leighton 19. UNDERTAKER (Address)

Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______19.

(Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Whara did injury occur?____

Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

may that in plain terms. See important. OF DEATH

CAUSE

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DJ.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915		
11 1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	E E
May 1,1923	Gastroenteritis	1 year
	fuly 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	·Y-	1
f in	dst	CUI	
m o	houl	00	1
, ite	S	jo :	
very	AN	nent	
b . E	SIC	tater	
35	HX	et si	
REG		Exa	
LN	LY	7	
NE	CI	sifie	
RMA	XA	class	
PE	田	rly	ate.
A	atec	rope	rtific
SI	e st	e pi	f ce
LHI	d b	y b	k of
K	houl	ma	bac
Z	E	at it	s on
ING	AG	o th	tions
AD	ed.	15, 8	truc
UNE	ippli	tern	ins
F	y su	ain	See
IIM	Hul	n pl	nt.
i,	care	[H]	orta
É	pe	EA	imp
PLA	pluo	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
E	sh	OE	is v
RI	tion	SON	NO
-	ma	CA	TI

TION is very important.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(97)	/
County Garrett			Registration Dist. No. 76	0
Village or City <u>Oakland</u> , I Length of residence in city or town where deeth	Md. R.	D. #1 O_yrsmos	No	ward number)
2. FULL NAME Mary Elizat	neth L	ewis	lf U. S. Veteran, specify WAR	
(a) Residence: No. R • D • #1 (d, Md.	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 9, (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF enry Lewis			22. A I HEREBY CERTIFY, That I attended Wisilia Cure appearant one year ag	
6. DATE OF BIRTH (month, day, and year) Apr	11 2,	1844	I last saw h alive on 10	; death is said
7. AGE Years Months 91 10	Days 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7 ° 45 M. M. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.			Semilety - arterio relevorer	Date of onset
SAW MILL, BANK, etc	this occupation (month and)			
12. BIRTHPLACE (city or town) Sang Run, Md. (State or country) Garrett Co.		Other Coatributory Causes of importance:	-	
13. NAMEISAAC Friend				
H 13. NAME ISAAC Friend 14. BIRTHPLACE (city or town) Sang Ri (Stete or country) Garret	in, Co.,	Md.	Name of operation Date of Whet test confirmed diagnosis? Wes there an	
ដ្ឋ 15. MAIDEN NAME Mary Ann Mar			23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Mary Ann Markley 16. BIRTHPLACE (city or town) Friendsville, (Stete or country) Garrett Co, Md.		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19	
17. INFORMANT Marshall Friend (Address) R. D. \$1, Oakland, Md.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ie) .ACE,	
18. BURIAL, CREMATION, OR REMOVAL Cemetery Place Marshall Friend Oete Feb. 11, 1936		Manner of Injury		
19. UNDERTAKER Herbert C. Leighton (Address) Oakland, Md.		24. Was disease or injury in eny way related to occupation of deceased?		
20. FIREDEL. 10, 1936 Julia Kawas Registrar.			(Signed) A. W. M. Osnus (Address) Outland Md.	M. O.
7/				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	1248
County Carret	Registration Dist. Np. 106
Village or City / Qalland, Mid	No. 121 dearrol St., Ward
Length of residence in city or town where death occurred 30 yrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number) 108ds. How long in U.S. If of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR.
(a) Residence: No. 12 6 Secondal	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
remark while married	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of as marchen	nov. 2" 1935 to Feb. 6" 1936
6. DATE OF BIRTH (month, day and were 1880	I last saw h_ last _ elive on _ fish _ + ', 19 3 _ ; death Is sair
7. AGE 5 4 Years Months Days If LESS than	to have occurred on the date stated above, et le A.m.
6. DATE OF BIRTH (month, de) and were 18 0 18 0 7. AGE Years Months Days If LESS than 1 day,	were as follows:
	Date of onest
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	- nterstilial bepaleter
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
D 1D. Date deceased last worked at this occupation (month end spent in this	
1D. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) NCCI Part (State or country) 13. NAMS Samuel Hoge	
12, BIRTHPLACE (city of town) Deer Paux	Other Contributory Causes of importence:
(State or country) Waryland	metabolism
I II 13. NAME Samuel Horpe	
14. BIRTHY ACE CRITY OF TOWN)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
S S. M. WEEN NAMES	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
1 18/BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
15. PROBEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) UANAANA MU 18. BURIAL, CREMATION, OR REMOVAL	
Place Carland, but gate the 8 13	Manner of Injury
P. P. L.	Nature of injury
19. UNDERTAKER CMALL	24. Was disease or injury in any way related to occupation of deceased?
3/1/1/1	If so, specify (Signed) The United States of the States of
20. FILED 9. 19 6/ Millia Registrar.	(Address) Outland Md.
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 9 935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

ż

STATE	OF	MARYI	AND-CERTIFICATE OF	DEATH
JIAIL		MUNIT	AID CEIVIN IONIE OI	

1770

STATE OF MARTLAND	CLICITICATE OF DEATH 1770
1. PLACE OF DEATH	(66°E)
County Garrett County	Registration Dist. No. // O
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5 4 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mande Mae MEA	fengel.
(a) Residence: No. Author Med (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Lemale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Range	21. DATE OF DEATH Help 24, 193 (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of andrew Mc Kennyil	22. HEREBY CERTIFY That Lettended deceased from 22. 1936 to 24 1956
6. DATE OF BIRTH (month, day, and year) May 6 01881	I last saw her alive on Erel 24, 1954; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 1.m.
54 a 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were stollows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	O Mrauce Myacarcheles Feb 12-36
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Shade Rue (State or country)	Other Contributory Causant importance:
1	
E 12 10 11	Name of operation
14. BIRTHPLACE (city or town) State or country) Pa	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Margaret Hets	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Civiltano (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Many Breakente. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place St. Unnis Centery Date Feb. 27, 19.36	Manner of injury
19. UNDERTAKER Joseph Hafer (Address) Joseph Male	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fieb 26, 1936 Geo B Brown. Registrar.	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
ن د	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		100	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Garrett	Registration Dist. No. 16 7
Village or City Near Bayard	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME /fellies /Jan ffife	<u> </u>
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb 26 193 6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of Corne Histor	22. JI HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Asil 15. 1891	Hast saw her alive on Tiel 24 the 1926; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et ?
44 10 11 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Panalusia
9. Industry or business in which	
SAW MILL, DARK, etc.	Primary/ Course & Cerebral hemourhage. Que B.
O. Date decesed last worked at this occupation month and 19-36 11. Total time (years) spent in this	Duration: not stated
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E A A A A A A A A A A A A A A A A A A A	
(State or country)	Nama of operation Date of
	What test confirmed diagnosis? Wes there an aulopsy?
# 10 6 : 68 VV VV	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Data of Injury, 19 Where did injury occur?
la ce D'en	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL PREMATION, OR REMOVAL	Manner of injury
produmplified gelines feb 29,36	Neture of injury
10 HADERTAKED 971. Sohrocke 1	24. Was disease or Injury in eny way related to occupation of daceased?
19. UNDERTAKER (Address) C. 2 Low.	If so, specify
20. FILED Feb 24, 1936, Vingina M. Haroe	(Signed) W. J. Duntwaler M. D.
20. FILED 193. 1. UORAMO III, MONOR	(Address) Symaniay W. Var
If more blanks are needed, address State Registrar,	2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation."

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example-I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 250 = 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. be properly classified. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY GARRETT		108	93	
ovanty	377	Registration Dist. No. 6	<i>Y</i> ·	
Village or City DEER PARK MARYLA	IND.	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward	
Length of residence in city or town where death occurred	2yrsmos	sds. How long in U.S.If of foreign birth?yrsmo	umber)	
2. FULL NAME ELMER RYBAR		If U. S. Veteran, specify WAR		
(a) Residence: No. DEER PARK MARY	LAND .	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX A. COLOR OR RACE WHITE S. SINGLE, MARRIED, WIDOWED, ARRIED (write the word)		21. DATE OF DEATH EBRUARY, 7, 1936	, 193	
5a. If married, widowed, or divorced HUSBAND of Son (or) WFE John & Anna Rybar.		(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet Lettended deceased from Feb. 2, 1936,		
6. DATE OF BIRTH (month, day, and yeer) Oct, 25,	1921	im Woh 6 1936	: death Is said	
7. AGE Yeers Months Days	If LESS then	to have occurred on the date stated above, et 2; Pm.	, ocatii is said	
14 3 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:		
2 Trade profession or particular		Acute Mycorditis	Date of onset	
8. Trade, profession, or perticuler kind of work done, as SPINNER. SCHOOL be SAWYER, BOOKKEEPER, etc SCHOOL be work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	оУ			
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Lobor Pneumonia		
SAW MILL, BANK, etc	time (years)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
- I this occupation (month and	ent in this			
12. BIRTHPLACE (city or town) Braddock Penn. (Stete or country)		Other Contributory Causes of importence:		
当 13. NAME John Rybar				
13. NAME John Rybar 14. BIRTHPLACE (city or town) Austria Hungary (State or country)		Name of operation Date of		
15. MAIDEN Anna Jarusinsky		Whet test confirmed diegnosis? Was there an et 23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:		
15. MAIDEN Anna Jarusinsky 16. BIRTHPLACE (city or town) Austria Hung (State or country)	ary	Accident, suicide, or homicide? Date of injury		
17. INFORMANT Mrs. James Walters. (Address) Deer ark Md.		Where did injury occur? (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Braddock Penn Date Feb	, 10, 19 36	Manner of injury		
19. UNDERTAKER H.C. Leighton (Address) Oakland, Md.	7	24. Wes disease or injury in any wey related to occupetion of deceesed?		
20. FILED 2- 8- 1936 Ulia 1	Registrar.	(Signed) Aalph alendrella (Address) itz miller III	ZM. D.	
If more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	County Garrett, Md. lage or City Bittinger (No.	
	2 FULL NAME Jonas M. Sch	ro
	PERSONAL AND STATISTICAL PARTICULARS	
3 8	MALE, MALE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DA
6 0	PATE OF BIRTH	17
	Oet 4-1859, 1 (Mooth) (Day) (Year)	that
7 /		and t
67/0	CCUPATION Trade, profession or articular kind of work Ceneral nature of industry usiness, or establishment in	
1	Mich employed or (employer)	Co
S	10 NAME OF FATHER Maria Schrock 11 BIRTHPLACE OF FATHER	(Signe
ARENT	(State or country) 12 MAIDEN NAME OF MOTHER Lathuil Glacker	Vi Ac
0.	13 BIRTHPLACE OF MOTHER (State or Country)	At pla of dea
14	(Informant) & TRUE TO THE BEST OF MY KNOWLEDGE	Where if not Forme usual
	(Address) accident all	
15	Filed Fel. 27 1936 B. Engry	20 U

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

rock	d) a hospital or institu- tion, give its NAME 1:- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
	6th , 1936
that I last saw hausalive on and that death occurred on the date state	ttended the deceased from 16-26, 19236
The CAUSE OF DEATH * was as follows: Of Brain we	a of vessels
(Duragon)	yrsmosds.
(Signed). (Address) W	las mos de
*State the Disease Causing Deatl Violeot Causes, state (1) Meaos of Accideotal, Suicidal or Homicidal.	h, or, in deaths from lojury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death seed of death. So where was disease contracted, if not at place of death?	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

S. No.

N. B.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cobk work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. laborer, Farm laborer, Laborer-Coal mine, etc. Wonne en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the (b) Automobile factory. The material (b) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, - telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on taken. FOR VIOLENT DEATHS State MEANS OF INJURY as fracture of skull, and consequences (e.g., sepsis, "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Debility" ("Congenital," American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

	infor-	state
1	Jo	plu
X	item	sho
ゾ	Every	CIANS
	RECORD.	PHYS
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated
9	SII	pe s
EKVE	NK-TH	plnous
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1	B.	
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92)
County & all by	Registration Dist. No.
Village or City Toutton ///	No. St Ward
(If Length of residence in city or jown where death occurred 4yrs fl-mos.	death occurred in a hospital or institution, give its NAME instead of street and number) dsds
2. FULL NAME / Juney Wilhels	M Shows Weleran specify WAR
(a) Residence: No. Thutton Mid	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lowery 10, 193 6 (Month) (Day) (Year)
5a. If married, widowled, or divorced	
(or) WIFE of 6 lover 6. Devere	1 HEREBY CERTIES, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year)	Wlast saw Man aliva on 1926. 3 1936 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m
7 - 1 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or particular 7	Were as follows:
Kind of work dona, as SPINNER. Youre Wife SAWYER, BOOKKEEPER, etc.	Misio Delerolio.
Industry or business in which work was dona, as SILK MILL.	my cardetes; Chronica
work was dona, as SILK MILL, SAW MILL, BANK, etc	Duration: two years cury al
yaar) occupation	Other Contributory Casper of importance:
12. BIRTHPLACE (city or town) Rankoulle	Kenely
(Stata or country) N-gr	/
13. NAME TO CONTROL 14. BIRTHPLACE (city or town) examples the control of the con	
14. BIRTHPLACE (city or town) eranlswell	Name of operation Data of
(State of Constit)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sofette Melhery 16. BIRTHPLACE (city or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city of towns with the second sec	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN OF Cher Aleman (Address) Hopemont Color	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL + 11/2 3/	Manner of injury
Marie Date W 7, 19 6	Nature of injury
19. UNDERTAKER J. R. Feffeld. (Address) Lerral Celtan (U-ba.	24. Was diseasa or injury In any way related to occupation of deceased?
20 TILEBUT 13., 19 Julia Kowan	(Signed) Allower for h. M. D.
Registrar. If more blanks are needed, address State Registrar.	(Addrass) Charles Charles Relations Provided GL C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	ty Garret	t			Registration Dist. No. 7 6 6		
	ge or City Mt			6 yrs mos	NoNoSt., Wa if death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos		
2. FUL	L NAME Laura	a Fer	ndise S	piker	If U. S. Veteran, specify WAR		
DE			(Usual place		If nonresident give city or town and State		
3. SEX	PERSONAL AND STATISTICAL PARTICULARS 3. SEX			RRIED, WIDOWED,	21. DATE OF DEATH February 9, 193 6		
5a. If married, widowed, or divorced HUSBAND of Sidney Jacob Spiker					(Month) (Dey) (Year) 22. HEREBY CERTIFY That I ettended deceased from 1936, to 9, 1936		
7. AGE	BIRTH (month, day, and Years 57	Months 8	Days 25	If LESS than 1 day,hrs. ormin.	I last saw halive on, 19; death is s to have occurred on the date stated ebove, et 8:30 Pm. • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
9 Indu	e, profession, or particulind of work done, as SP AMYER, BOOKKEEPER, et stry or business in which was done, as SILK MAW MILL, BANK, etcdeceased last worked a his occupation (month en lear)	oh MILL, at at 30,	11. Total	time (years) Int in this yr s Upation Yr s	Other Coutributory Causes of importance:		
(State or country) 13. NAME John Lewis 14. BIRTHPLACE (city or town) Maryland (State or country)							
					Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?		
	15. MAIDEN NAMEANNA Johnson 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Mrs. W. L. Camden (Address) Mrs. Take Parks				23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAI 16. BIRT	State or country) NT Mrs. W.	L. C	/ amden		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
15. MAI 16. BIRT (Add	State or country)	L. C	/ amden	1.12. ,1936	(Specify city or town, county and State)		

V. S. No. 1

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH @	108
County . Tarre	Registration Dist. No. 17.
Village or City Ce Cushing med 17 W	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?yrs
2. FULL NAME Clima / Jaley (Sle)	h True
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH
There many	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clause Stephen	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Treas 14 1891	I last saw h aliva on 9 ,1936 ; death Is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, atm,
44 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and calated causas of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	grans continues
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Birting as	Name of operation Data of Data
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME April Wella William	23. If death was due to external causes (VIDLENCE) fill in also that following:
15. MAIDEN NAME Area called That the life of the called R N (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT CADAGE Pulary (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Litting L. M. Bate Det. 15, 1936	Manner of Injury
19. UNDERTAKER LUNAS LEGGIO MA (Addrass)	24. Was diseasa or injury In any way related to occupation of deceasad?
20. FILED 14 / 3, 1936 D. Emony, Reputrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 8 A A T	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		9581 9 3VW	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-WRITE PLAIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-00 / 7	1
County Marella	Registration Dist. No.	6
Village or City Cltanasi' vid	NoSt.,St.,St.,St.,	Ward
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Prehand Jonkes (a) Residence: No.	If U. S. Veteran, specify WAR Coul Was	W
(Usual place of abode)	St., Ward. If nonresident give city or town and State	2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jel. 24 , 193 (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
(or) WIFE of any Journ	122. HEREBY CERTIFY, That I attended decea	ased from
6. DATE OF BIRTH (month, day, and year) Sept. 21 1846		
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 2' R m.	1011 [5 581Q
99 00 1 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trade, profession, or particular	were as follows:	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Myound to	eb. 1-3
9. Industry or business In which work was done, as SILK MILL, Richards SAW MILL, BANK, etc.		930
10. Date deceased lest worked at this occupation (month and year)		
12. BIRTHPLACE (city or town	Other Contributory Causes of Importance:	920
(State or country)	Affinistry	
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of Country)	Whet test confirmed diagnosis? Wes there an autops	sy? wo
15. MAIDEN NAME Harutte Harnesk	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Haritte Harrisk 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Where did injury occur?	
17. INFORMANT Line Paugh	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) Under		
18/BURIAL CHEMATION, OR REMOVAL	Manner of Injury	
Place A Lymiller, May Date 7 de 6 , 1936	Nature of injury	
19. UNDERTAKER Office The Sharpless (Address)	24. Wes disease or injury in any way related to occupation of deceased? HO	
20. FILED 2/25 ,36 a y Banch Registrar.	(Signed) Saph Calandulla (Address) Limited Wille Will Will	M. D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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E	Example I		Example II	-1 #	
The principal cause of des of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	"DD 9 1026	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WILL O TORK	July 5,1927	Peritonitis	3 days ago	
1	BUDEAU V S				
		3.5			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	12.01 E00 o 1 = 015				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1786
1. PLACE OF DEATH	gaal 4
County Yarele	Registration Dist. No. / 6 2
Village or City Near New Gumany	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. iI of foreign birth?yrsmosds.
1 1 2 1 1 2 1 1	
2. FULL NAME Jahn William Whla	*
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON Juil 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	and the second s
(or) Lattil Miland	22. A HEREBY CERTIFY. That I attended deceased from
May 1, 1866	I let saw here alive on Alle Q 1976: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at H. o.s. V.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Frade, profession, or particular	West as follows: Date of onset
kind of work done, as SPINNER, Hamely SAWYER, BOOKKEEPER, etc.	heart disease 1840
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) OU a	
13. NAME fall Willand	
13. NAME fall Miland 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(Grate of Country)	What test confirmed diagnosis? Wes there an autopsy
15. MAIDEN NAME leathering Gerabberger	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME leathering Hersblerger 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAM Jahn Miland (Address) & Durandanille	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wew yermony Date felle 6, 1936	Nature of injury
19. UNDERTAKER AMM AMindulus	24. Was disease or injury in any way related to occupation of deceased?
(Address) yrondandle ded	Il so, specify
20. FILED T. M. J. J., 19.5 C. Registrar.	(Signed) M. D. (Address) Manual Manua

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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